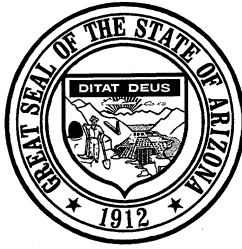


**Secretary of State**  
Business Services Division  
1700 West Washington St.  
Phoenix, AZ 85007

**STATE OF ARIZONA**



**SECRETARY OF STATE  
USE ONLY**

Registration Number:

Date Filed:

**Telephone Solicitation  
Registration**

PLEASE FILL OUT YOUR EXEMPTION COMPLETELY. Fields denoted by an Asterisk (\*) are optional.  
Please TYPE or PRINT

A copy of the bond filed with the State Treasurer pursuant to A.R.S. §44-1274 must be attached to this form. Telephone Solicitors register with the Secretary of State by June 30<sup>th</sup> of every year. See attached fee schedule for registration fees.

1. Name of Telephone Solicitor:\_\_\_\_\_

2. Business Name:\_\_\_\_\_

3. Telephone Solicitor's Business Form (A.R.S. §44-1272):

\_\_\_\_Corporation. If your business is a Corporation you must attach a copy of your Articles of Incorporation, including all Amendments and Bylaws.

\_\_\_\_Partnership. If your business is a Partnership you must attach a copy of your Partnership Agreement.

\_\_\_\_Sole Proprietorship.

\_\_\_\_Fictitious Business Name. If your business operates under a fictitious business name, please state the location where the fictitious name is registered.

\_\_\_\_\_  
Name of Agency where Registered

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

4. State in which above business is organized:\_\_\_\_\_

5. Location of Principal Place of Business:

<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip

6. List telephone numbers for all telephones at Principal Place of Business:

<hr/>
<hr/>
<hr/>
<hr/>

ATTACH ADDITIONAL SHEETS IF NECESSARY

7. Addresses of all other locations from which telephone solicitor will be conducting business:

Location #1

<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip
Telephone numbers at the location:		
<hr/>		
<hr/>		
<hr/>		

Location #2

<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip
Telephone numbers at the location:		
<hr/>		
<hr/>		
<hr/>		

Location #3

<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip
Telephone numbers at the location:		
<hr/>		
<hr/>		
<hr/>		

ATTACH ADDITIONAL SHEETS IF NECESSARY

8. This section must be completed for each principal and/or manager:

	Have you ever been convicted or pleaded no contest to a felony or misdemeanor or involving moral turpitude or a violation of A.R.S. §44-1272(a)?	Have you been held liable, either by entry of a stipulated judgement in a civil action alleging fraud, embezzlement, racketeering, fraudulent conversion or misappropriation of property or a violation of A.R.S. §44-1272(b), or the use of untrue or misleading representations in an attempt to sell or dispose of real or personal property or the use of unfair, unlawful or deceptive business practices?	Are you subject to a currently effective injunction or restrictive order relative to a business activity as a result of an action brought by a public agency or department, including an action affecting a vocational license?	If you answered "yes" to any of these items please complete the next page..
Principal or Manager's Full Name				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

9. This section must be completed by each principal or manager who answered "yes" to any of the questions on the previous page.

Full Name	Name of the Court	Date of the Conviction, Judgement, Order or Injunction	Name of the Government Agency that filed the Action (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

ATTACH ADDITIONAL SHEETS IF NECESSARY

10. Provide the following information for the Seller's Agent in Arizona who is authorized to receive Service of Process in this State:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_\_)\_\_\_\_\_  
Telephone

11. Provide the following information for each Principal, Manager and Solicitor:

☐ Principal

☐ Manager

☐ Solicitor

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_\_)\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number\*

\_\_\_\_\_  
State Issued

\*Pursuant to A.R.S. §44-1272, each principal, manager and solicitor must submit a copy of their current driver's license or valid government issued photo identification card.

( )Principal ( )Manager ( )Solicitor

Name

Address

City

State

Zip

( )

Telephone

Date of Birth

Driver's License Number\*

State Issued

\*Pursuant to A.R.S. §44-1272, each principal, manager and solicitor must submit a copy of their current driver's license or valid government issued photo identification card.

( )Principal ( )Manager ( )Solicitor

Name

Address

City

State

Zip

( )

Telephone

Date of Birth

Driver's License Number\*

State Issued

\*Pursuant to A.R.S. §44-1272, each principal, manager and solicitor must submit a copy of their current driver's license or valid government issued photo identification card.

( )Principal ( )Manager ( )Solicitor

Name

Address

City

State

Zip

( )

Telephone

Date of Birth

Driver's License Number\*

State Issued

\*Pursuant to A.R.S. §44-1272, each principal, manager and solicitor must submit a copy of their current driver's license or valid government issued photo identification card.

( )Principal ( )Manager ( )Solicitor

Name

Address

City

State

Zip

( )

Telephone

Date of Birth

Driver's License Number\*

State Issued

\*Pursuant to A.R.S. §44-1272, each principal, manager and solicitor must submit a copy of their current driver's license or valid government issued photo identification card.

ATTACH ADDITIONAL SHEETS IF NECESSARY

I, the undersigned, being duly sworn (affirm) and say that this Registration Statement is complete, true and correct.

\_\_\_\_\_  
Printed Name of Solicitor

\_\_\_\_\_  
Signature of Solicitor

Subscribed and sworn (affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public

I, the undersigned, being duly sworn (affirm) and say that this Registration Statement is complete, true and correct.

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal

Subscribed and sworn (affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public

I, the undersigned, being duly sworn (affirm) and say that this Registration Statement is complete, true and correct.

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal

Subscribed and sworn (affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public



## **FEE SCHEDULE (R2-12-302)**

The annual registration fee for a full year registration shall be \$500.00. The annual registration fee for an initial registration statement filed between August 1 and June 30 of a registration year shall be according to a sliding scale with a minimum fee of \$250.00 as follows:

\$500 -- July (full year registration)

\$475 -- August

\$450 -- September

\$425 -- October

\$400 -- November

\$375 -- December

\$350 -- January

\$325 -- February

\$300 -- March

\$275 -- April

\$250 -- May and June